



ОКОНЧАНИЕ РАБОТЫ STOP WORK

CSO/WORKER NAME / ОТДЕЛ СОЦИАЛЬНОГО ОБЕСПЕЧЕНИЯ (CSO) ИМЯ СОТРУДНИКА	TELEPHONE NUMBER / ТЕЛЕФОН
CLIENT IDENTIFICATION NUMBER / ИДЕНТИФИКАЦИОННЫЙ НОМЕР КЛИЕНТА	DATE / ДАТА

Section 1: Fill out this section before taking it to your job that has ended.

РАЗДЕЛ 1: Заполните этот раздел, прежде чем отнести эту форму на работу, срок которой закончился

By signing here, I give my permission to my employer to complete this form for the Department of Social and Health Services. Подписываясь здесь, я даю разрешение моему работодателю заполнить эту форму для Департамента социального обеспечения и здравоохранения (Department of Social and Health Services, DSHS)

SIGNATURE / ПОДПИСЬ	DATE / ДАТА	PLEASE PRINT YOUR NAME HERE / ИМЯ И ФАМИЛИЯ ПЕЧАТНЫМИ БУКВАМИ
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NAME OF COMPANY / НАЗВАНИЕ КОМПАНИИ

COMPANY ADDRESS: STREET ADDRESS / АДРЕС КОМПАНИИ: УЛИЦА, ДОМ CITY / ГОРОД STATE / ШТАТ ZIP CODE / ИНДЕКС ПОЧТОВЫЙ

Section 2: The person in the company who knows the employment and pay information fills out this section.

Раздел 2: Данный раздел заполняет служащий компании, имеющий информацию о трудоустройстве и заработной плате

1. What was the last date that the employee worked? _____

2. Amount of final paycheck (before taxes): \$ _____ Date received: _____

List the amounts (before taxes) and dates received for other paychecks received in the same month as the final paycheck:

AMOUNT RECEIVED (BEFORE TAXES)	DATE RECEIVED
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

3. Why did this job end?

☐ Lack of work ☐ Job was temporary/seasonal ☐ Laid off
☐ On leave (such as leave of absence or maternity leave). Is it: ☐ Paid ☐ Unpaid

If paid, how much is the employee paid: \$ _____

When is the employee expected to return? _____

☐ Other: _____

4. Will the employee receive any severance pay? ☐ yes ☐ No

IF YES: When will it be received? _____ How much will it be? \$ _____

5. Can the employee cash out vacation/sick pay? ☐ yes ☐ No

IF YES: When will it be received? _____ How much will it be? \$ _____

6. Can the employee withdraw retirement/pension/401K funds? ☐ yes ☐ No

IF YES: When will it be received? _____ How much will it be? \$ _____

Please provide the following in case we need to contact you:

SIGNATURE	DATE	TELEPHONE NUMBER
PRINT YOUR NAME HERE	POSITION/TITLE	